

RHODE ISLAND DEPARTMENT OF HEALTH

INSTRUCTIONS FOR PREPARING:

APPLICATION FOR LICENSURE AS AN ASBESTOS ABATEMENT CONTRACTOR

An applicant for licensure as an Asbestos Abatement Contractor must complete form ASB-1 and must attach to the completed form any additional information that is required. The completed application should be sent to:

**Rhode Island Department of Health
Office of Occupational & Radiological Health
3 Capitol Hill, Room 206
Providence, RI 02908-5097
(401) 222-3601**

NOTE: Identify each attachment with the application item number addressed by the attachment.

ITEM NUMBER

1. Indicate if this is an Initial or Renewal application. In the case of a renewal application, please indicate the current Asbestos Abatement Contractor license number.
2. Identify the legal entity in whose name the license as an Asbestos Abatement Contractor should be issued and who is legally responsible for compliance with the Rhode Island Rules and Regulations for Asbestos Control.
3. Check the appropriate block indicating organizational structure of the applicant. If the applicant is other than an individual, the appropriate sections in Item 15-23 must also be completed. Use supplemental sheets to provide any additional information, which is necessary to explain the legal structure of the applicant.
- 4.A. List the name and address of each prospective Asbestos Abatement Site Supervisor. Attach original or certified copy of the training certificate(s) indicating successful completion of an Agency approved 40 hour Asbestos Abatement Site Supervisor course supplemented by an Agency approved 8 hour Asbestos Abatement Site Supervisor course. Any training course taken earlier than one year prior to application must be supplemented by an Agency approved Annual Review course. Renewal applications should only include certifications for training courses not already on file with the Agency.
- B. Asbestos Abatement Site Supervisor may only be licensed in conjunction with an Asbestos Abatement Contractor's license and can not be licensed independently. Applications requesting additional Asbestos Abatement Site Supervisors should be made on the letterhead of the requesting Asbestos Abatement Contractor and must provide all the information required by Item 4 of Form ASB-1. However, Form ASB-1 is NOT to be used for requesting additional Asbestos Abatement Site Supervisors. **A completed and signed Verification of Social Security Number Affidavit Form must be submitted for each site supervisor. A license will not be issued to an applicant for site supervisor who has failed to submit this form.**

ITEM NUMBER

5. (OPTIONAL): List the names and address of each prospective Permanent Asbestos Abatement Worker. Attach original or certified copy of the training certificate indicating successful completion of an Agency approved 32 hour Asbestos Abatement Worker course. Any training course taken earlier than one year prior to application must be supplemented by an Agency approved Annual Review course. Renewal application should only include certifications for training courses not already on file with the Agency
6. Self-explanatory.
7. Provide a summary of all previous asbestos abatement projects, which the applicant has completed or is in the process of performing. If the applicant has been the asbestos contractor for more than 15 asbestos abatement projects within the last two years, the summary need only include the 15 most recent asbestos abatement projects. This summary must include location, dates, and approximate dollar value and/or number of linear/square feet of asbestos material included in the project. If necessary, supplemental sheets may be used to provide any other additional information.
8. Describe the bonding or other financial assurance arrangements used by the applicant to ensure performance with the requirements of any asbestos abatement project that the applicant will undertake. This description shall include, as a minimum, the name and address of the bonding agency(s) used, as well as the applicant's per-job and aggregate bonding limits. If the applicant intends to use some form of financial assurance in lieu of bonding, the description shall contain sufficient details for the Agency to determine that the applicant has adequate financial resources to abate asbestos in a proper manner. Attach additional sheets if necessary.
9. Attach a copy of the applicant's respiratory protection program prepared in accordance with OSHA 29 CFR 1910.134(b) and 29 CFR to be conducted under this license. The attachment must also specify the minimum qualifications that will be required of individuals conducting qualitative and quantitative fit tests.
10. Self-explanatory
11. Identify the type(s) of asbestos abatement activity for which you are applying. Unless otherwise specified, it will be assumed that the application is for "Removal, encapsulation or enclosure or asbestos containing materials in accordance with Part B of the Rhode Island Rules and Regulations for Asbestos Control".
12. Self-explanatory

ITEM NUMBER

- 13.A. Indicate if any federal, state or local jurisdiction has ever revoked or suspended an asbestos contractor licensure and/or other authorization to perform asbestos abatement held by the applicant, by a company owned or otherwise controlled by the applicant, by a company that owns/owned or otherwise controlled by the applicant, or by a company in which any of the applicant's officers or principals were also officers and/or principals. Attach a description of all details including, as a minimum, copies of all enforcement correspondence, applicant's response and Administrative Orders issued.
- B. Indicate if any federal, state or local jurisdiction has ever imposed criminal or civil penalties in conjunction with an asbestos abatement project performed by the applicant, by a company owned or otherwise controlled by the applicant, by a company owned or otherwise controls/controlled the applicant, or by a company in which any of the applicant's officers or principals were also officers and/or principals. Attach a description of all details including, as a minimum, copies of all enforcement correspondence, applicant's responses and Administrative Orders issued.
- C. Indicate if any federal, state or local jurisdiction has outstanding enforcement actions in conjunction with an asbestos abatement project performed by the applicant, by a company owner or otherwise controlled by the applicant, by a company in which any of the applicant's officers or principals were also officers and/or principals. Attach a description of all details including, as a minimum, copies of all enforcement correspondence, applicant's responses and Administrative Orders issued.
14. An individual authorized to make legally binding commitments on behalf of the applicant must sign the application. Normally, this would be an officer or principal or the applicant's organization. Please read the verification of Social Security/Federal Identification Number affidavit and complete. The application will not be processed if this section is not completed

15-23 Self-explanatory.

Completed application, with attachments, the one thousand five hundred dollars (\$1,500.00) contractor license fee and forty dollars (\$ 40.00) for each site supervisor licensure fee should be submitted to:

**Rhode Island Department of Health
Office of Occupational & Radiological Health
3 Capitol Hill, Room 206
Providence, RI 02908-5097
(401) 222-3601**

***fee must be paid by check or money order.**

APPLICATION FOR LICENSURE AS AN ASBESTOS ABATEMENT CONTRACTOR

1. TYPE OF APPLICATION: ___ Initial ___ Renewal

If Renewal, current license number: LAC-_____

2. APPLICANT:

COMPANY NAME: _____

STREET: _____ TELEPHONE NO.: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

3. THE APPLICANT IS:

___ An Individual

___ A Corporation

___ A Partnership

___ An Unincorporated Association

___ Other (Specify) _____

If the applicant is other than an individual, the applicable sections of Item 15-23 of this application must also be completed.

4. SITE SUPERVISORS:

Provide the name and address of each prospective Asbestos Abatement Site Supervisor. Attach original or certified copy of certificate(s) indicating successful completion of all required training. **Each prospective site supervisor MUST submit a completed and signed Verification of Social Security Number Affidavit Form. A license will not be issued to an applicant for site supervisor who has failed to submit this form.**

5. PERMANENT WORKERS: [OPTIONAL]

Provide the name and address of each prospective Asbestos Abatement Worker. Attach original or certified copy of certificate(s) indication successful completion of all required training.

6. CPR/FIRST AID PERSONNEL:

Provide the name(s) of the individual(s) certified in CPR and Basic First aid. Attach a copy of the current training certificate(s) indication successful completion of the appropriate CPR and/or First Aid course.

7. ASBESTOS ABATEMENT PROJECTS:

Provide a summary of all previous asbestos abatement projects, which the applicant has completed or is in the process of performing. Attach supplemental sheets if necessary.

[See instruction sheet for additional details.]

8. FINANCIAL QUALIFICATIONS/BONDING:

Describe the bonding or other financial assurance arrangement used by the applicant to ensure performance with the requirements of any asbestos abatement project that the applicant will undertake. Attach supplemental sheets if necessary.

[See instruction sheet for additional details.]

9. RESPIRATORY PROTECTION PROGRAM:

A copy of the applicant's respiratory protection program prepared in accordance with OSHA 29 CFR 1910.134(b) and 29 CFR 1926.1101(h), and which will be used at all asbestos abatement projects conducted under this license is attached. ☐ Yes ☐ No

10. WORKER PROTECTION PROGRAM:

- A. Personal protective equipment and clothing for employees will be in accordance with OSHA 29 CFR 1101.(i). ☐ Yes ☐ No
- B. Any employee or agent, who may be exposed to airborne asbestos, will be medically monitored in accordance with the requirements of OSHA 29 CFR 1101.(m), prior to engaging in any asbestos abatement activity. ☐ Yes ☐ No
- C. Representative air monitoring, in accordance with OSHA 29 CFR 1101.(f), will be provided for employees during asbestos abatement activities. ☐ Yes ☐ No
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11. TYPES OF ASBESTOS ABATEMENT ACTIVITY REQUESTED:

Identify the type(s) of asbestos abatement activity for which you are applying.

[See instruction sheet for additional details.]

12. LICENSURE/AUTHORIZATION IN OTHER JURISDICTIONS:

Indicate all other federal, state or local jurisdictions in which the applicant currently holds an asbestos contractor license or other authorization to perform asbestos abatement. Attach copies of all such licenses and/or authorizations.

13. ENFORCEMENT ACTIONS IN OTHER JURISDICTIONS:

[SEE INSTRUCTIONS SHEET FOR ADDITIONAL DETAILS]

- A. Has any federal, state or local jurisdiction ever revoked for suspended an asbestos contractor license and/or other authorization to perform asbestos abatement held by the applicant? ☐ Yes ☐ No

If Yes, provide details.

13. Continued

- B. Has any federal, state or local jurisdiction ever imposed criminal or civil penalties in conjunction with an asbestos abatement project performed by the applicant?

() Yes () No

If Yes, provide details.

14. ENFORCEMENT ACTIONS IN OTHER JURISDICTIONS: Cont:

- C. Does any federal, state or local jurisdiction have outstanding enforcement action(s) in conjunction with an asbestos abatement project performed by the applicant?

() Yes () No

If Yes, provide details.

15. AFFIRMATION BY APPLICANT (This item must be completed by applicant)

I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true and to the best of my knowledge.

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Signature

Date:

Social Security Number (SSN) or
Federal Identification Number (FEIN)

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.

PLEASE NOTE: If you are a sole proprietor of a facility or business, then you must supply your Social Security Number (SSN). If you are an individual representing a facility or a business that is seeking licensure, then you must supply the Federal Employer Identification Number (FEIN) for the facility or the business.

LEGAL STRUCTURE OF APPLICANT

If the applicant is a corporation, complete Item 15 through 18; if applicant is a partnership, complete Items 19 through 21; if applicant is an unincorporated association or a legal entity other than a partnership or corporation, complete Item 22 and 23. You may attach additional sheets if necessary.

CORPORATION

16. STOCK OF APPLICANT CORPORATION:

No. of Shares	No. of Shares	No. of Shares	Total Number of
<u>Authorized</u>	<u>Authorized</u>	<u>Authorized</u>	<u>Stockholders</u> <u>Subscribers</u>

17. Is the applicant corporation directly or indirectly controlled by another corporation or legal entity? () Yes () No

If Yes, provide the name and address of other corporation or legal entity and describe how such control exists and extend thereof.

18. A. Identify by name and address any individual, corporation or other legal entity (1) owning 10 percent or more of the stock of the applicant issued and outstanding; or (2) subscribing to 10 percent or more of the authorized but unissued stock of the corporation.

B. Identify by name and address all officers and directors of the corporation.

19. Identify the state, district, territory or possession under the laws of which the applicant is incorporated.

PARTNERSHIP

20. Identify by name and address each individual or legal entity owning a partnership interest in the applicant.

21. State the percent of ownership of the applicant partnership held by each of the individuals or legal entities listed in Item 19.

22. Identify the state, district, territory or possession under the laws of which the applicant partnership is organized.

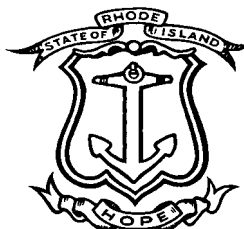
UNINCORPORATED ASSOCIATION OR OTHER

23. Describe the nature of the applicant and identify the state, district, territory or possession under the laws of which it is organized.

24. State the total number of individuals or other legal entities holding an ownership in the applicant, identify each by name and address and indicate the percent of ownership of the applicant by each of the individuals or legal entities.

Applicant: Print your complete name: _____

State of Rhode Island and Providence Plantations



DEPARTMENT OF HEALTH

Office of the Director

Cannon Building

3 Capitol Hill

Providence, RI 02908-5097

Mandatory Addendum to License Application

Verification of Social Security Number/Federal Employer Identification
Number and affidavit concerning taxpayer status

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Signature

Date

Social Security Number (SSN) or
Federal Employer Identification Number

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.

This form MUST be completed, signed and attached to your license application in order for us to process your application.